



FIRST THINGS FIRST

Proposed Statewide Strategies for Intervening Early

Introduction

In March 2008, a set of statewide strategies to address First Things First goals were recommended to the Board. At the conclusion of discussion and deliberation, the motion to provide funding to AHCCCS for the expansion of reimbursements to doctors administering the Parents Evaluation of Developmental Status (PEDS) screening instrument to all enrolled children at 9, 18, and 24 months of age did not carry. Board members cited concerns with the narrow focus of the strategy, the possible impact on service delivery without addressing capacity, and misgivings related to perceptions of supplanting. Member Lynn requested that staff return to the Board as quickly as is feasible with a comprehensive strategy to address early screening.

The framework proposed addresses the challenges of screening, early identification, and supporting families by enhancing the early childhood development and health system infrastructure around these significant health issues. The FTF staff recommendations detailed in this paper include: 1) statewide physician outreach and education to 100 practices (approximately 400 physicians) annually to provide coaching and technical assistance to enhance the assessment and response to parent concerns; 2) a scholarship system to increase the Arizona workforce of speech language pathologists by 30 professionals; and 3) financial incentives for 15 physical and occupational therapists who agree to work in medically underserved Arizona communities.

First Things First Goals Addressed

Health Goals

- FTF will expand use of early screening in health care settings to identify children with developmental delay.
- FTF will advocate for timely and adequate services for children identified through early screening.

Professional Development Goal

- FTF will build a skilled and well prepared early childhood development workforce.

Family Support Goal

- FTF will coordinate and integrate with existing education and information systems to expand families' access to high-quality, diverse and relevant information and resources to support their children's optimal development.

Coordination Goal

- FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.

Research Process

To understand the full picture and range of activities and services related to supporting young children's optimal growth and development, FTF staff conducted an extensive discovery process. The research activities included the following:

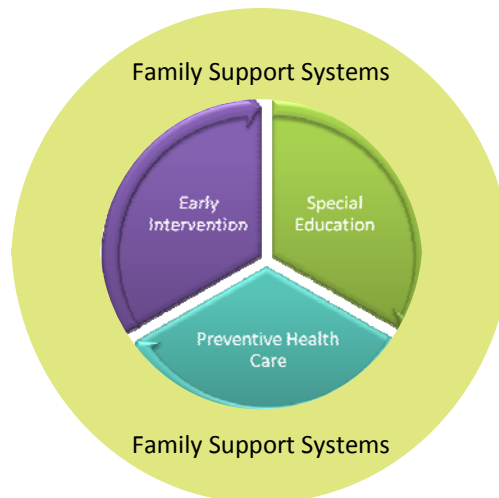
- Identification of others doing similar work
 - Listened to hearings held by Senator Gray on therapist shortages
 - Obtained and reviewed *Solutions to the Shortage of Speech-Language Pathologists In Arizona Schools* meeting report (May 2008)
 - Partnered with the Governor's office to act on the Executive Work Order on Development of a 21st Century Health Care Workforce Plan
- Meetings with members of the various state agencies including:
 - DES – Arizona Early Intervention Program (AzEIP)
 - DES – Division of Development Disabilities (DDD)
 - DHS – High Risk Perinatal Program (HRPP), Office of Women's and Children's Health
 - DHS - Office of Oral Health
 - DHS – Office for Children with Special Health Care Needs (OCSHCN)
 - AHCCCS
 - ADE
- Meetings with key stakeholders involved with the system
 - Pediatricians during their state conference in June 2008
 - Representatives from Arizona Speech and Hearing Association
 - Representatives from Arizona Physical Therapy Association
 - Arizona Chapter of the Academy of Pediatrics Association in conjunction with DHS and AzEIP
 - Children's Action Alliance
 - Raising Special Kids
- Convening of a statewide logistic team of experts to assist with strategy design
 - Members included parents, contracted providers of services, state agency representatives, therapists, pediatricians, advocates, and school administrators
 - Members were geographically, culturally, and ethnically diverse
- Researched Community Resources
 - Identified professional preparation programs available throughout the state

Background

Children's good health begins prenatally and continues with access to ongoing, high-quality preventive, primary and comprehensive health services. Well-child medical and dental care is fundamental to the system of ensuring children are healthy and ready for success. A key indicator of high-quality and comprehensive health care includes developmental and health screenings for the early identification of children who may need additional supports to reach their optimal growth and development. It is important to point out that "early identification" does not necessarily imply the labeling of a child with a medical or dental condition, developmental delay or other disability, but simply recognizing risk factors that may hinder a child's growth or indicate a possible future delay. Intervening early, by providing families with education, links to local supports, and referrals to others for further evaluation and intervention as necessary, leads to improved health outcomes for all children.

Many parents report that they have concerns about their children's development. Forty-five percent of parents note concerns about their children's speech, and 42 percent indicate they are worried about their children's social-emotional development (Inkelas, Regalado, Halfon, 2005). While almost half of parents are concerned about development, the U.S. Centers for Disease Control (2007) estimates that 17 percent of children have had a developmental disability. Considering 106,000 births occur each year in Arizona, we can estimate that approximately 18,000 children a year will need some type of intervention service in their lifetime. The question becomes how does the system not only address the 18,000 children a year who need specialized services, but also how does the system support families who still have concerns about their child's development although they may not qualify for therapeutic interventions. A system to deliver health care and services for young children includes early identification, effective intervention services, and strong family supports.

The System to Deliver Health Care and Services for Young Children and Families



Arizona's system of health care and services for children birth through age five is a system of systems. The *preventive health care* component of the system includes well and sick child care, dental care, and developmental and health screening. The *early intervention* component of the system provides specialized intervention services to children birth to three years of age who qualify based on special health care status or determination of a disability or significant delay. Children with disabilities ages three to five years old receive services through the *special education* component of the system. Family support programs envelop all the system components and assist with family education and engagement as they travel across and through each of the system elements.

Each of the following agencies and/or providers may offer services to families and children (birth to five) who are in need of additional supports:

- DES - Arizona Early Intervention Program (AzEIP)
- DES - Division of Developmental Disabilities (DDD)
- AHCCCS
- DHS – Office for Children with Special Health Care Needs (OCSHCN)
- DHS – Office of Women's and Children's Health
- Arizona Schools for the Deaf and Blind (ASDB)
- ADE – through local school districts
- Private therapists in clinics
- Private therapists in schools
- Head Start/Early Head Start programs
- Local early care and education providers
- Community based programs (e.g. play groups or home visiting programs)

Gaps in the Early Childhood Development and Health System Infrastructure

Knowledge and Understanding:

Navigating the system can be a daunting task for a family as well as for those who work with families. Depending on a child's age, insurance provider, or type of possible delay, a referral may go directly to any number of agencies or providers. A referral may go directly to AzEIP, directly to a therapist, directly to a school district, or directly to another developmental specialist. Knowing to which agency or provider to send a referral can be a challenge.

Lack of specialized training in helping families understand *how* their children learn and how to best support families' needs around children's learning leaves a significant gap in both professional and family knowledge.

Capacity of System to Serve:

Arizona, along with rest of the country, suffers from a shortage of therapy providers, especially those who have the knowledge and skills to work with the birth to three year old and three to five year old populations.

Arizona ranks 49th in personnel to population ratios for speech language pathologists. It is estimated that 14,000 additional speech pathologists will be needed to fill demand between 2004 and 2014 (Deppe, 2008).

DDD reports that 70% of services provided in 2007 to children birth to 18 years were speech therapy services. The highest demand for services is related to speech therapy, especially in the younger years.

Arizona has no public university with an occupational therapist training program.

Arizona ranks 43rd in the country for per capita need in physical therapy.

Parent Awareness and Understanding

Parents often have concerns regarding their child's development but are reluctant to ask their physician about their concerns. Parents may suspect their child: has a hearing loss; was "too" good as a baby; or has language delays, but take a "wait and see" attitude (Peacock, Sedan, Mohammed, 2008).

Early signs of delay may be subtle. Children develop skills inconsistently with varying strengths and limitations. This sometimes makes recognizing a possible concern difficult.

Although a parent may have a concern, a delay may not be present. Yet family risk factors could contribute to a child's delayed development in the future. Parents may not be aware of the importance of language and literacy rich homes, opportunities in the community to build their child's skills, or have the literacy skills themselves to fully support their child's learning. As reported in *Building Bright Futures*, the FTF 2007 Needs and Assets Assessment Report, 43.2% of Arizona children birth to five years are read to daily, which ranks Arizona 44th in the nation.

Use of Standardized Screening

A key finding in a report by Sices (2007) indicated that most pediatricians and primary care physicians rely on "...informal developmental milestones and their clinical impressions" to monitor for appropriate child development. Data suggest that a full year passes between the time a parent first forwards a concern and eventual assessment and treatment (Sices, 2007). Both the American Academy of Pediatrics as well as recommendations from a report by the Commonwealth Fund indicate that increasing the use of a standardized and structured developmental screening would improve early detection of developmental concerns.

A recent study by the U.S. Centers for Disease Control indicated most children with an autism spectrum diagnosis had signs of a developmental problem before the age of three, but average age of diagnosis was five years (Peacock, Zedan, Mohammed, 2008).

Proposed Strategies to Address Gaps in the Early Childhood Development and Health Infrastructure

1. Physician Outreach and Education

Physician Outreach and Education is a quality improvement initiative with the goal of promoting the healthy development of all children through coaching and technical assistance to physician practices throughout Arizona. This model approach is aimed at enhancing physician office assessment of parents concerns and perceptions; promoting development of systems that track children referred to AzEIP and other programs that serve children with mild or moderate delays; and assisting practices in identifying community resources that support child development based on the needs of the child and family.

Strategy Activities and Characteristics

- Statewide outreach to 100 practices (average of 4 doctors/practice) annually including pediatric practices, family medicine, Federally Qualified Health Centers (FQHC), Community Health Centers, Indian Health Services and Tribal Health facilities.
- On site education and coaching on enhanced use of parent assessments and parent education.
- Onsite technical assistance and coaching on establishing systems to track referrals to early intervention services based on level of delay.
- Information and education regarding referral pathways and intervention services when delays are identified.
- Collaboration with and technical assistance to First Things First to establish web-based portals to provide education and support to families and medical professionals working together to improve the health and wellness of all of Arizona children.

Expected Impacts and Change

- Increase in the number of physicians that provide developmental screenings using standardized screening tools at scheduled well child visits.
- Increase in the numbers of children appropriately identified and referred for developmental services based on their level of delay and decrease the number of unnecessary referrals.
- Increase physician understanding of the early intervention system and the additional resources for assisting children with mild delays or parental concerns
- Improve pathways of communication with early intervention programs and resources and reduce frustration of medical providers and families regarding the early intervention system
- Increase in physicians' use of parent surveys and other tools to enhance communication around parent perceptions and education.

Funds Requested to Support Strategy

- \$250,000 annually for three years

2. Scholarship System for Speech Language Pathologist Preparation

The scholarship program for speech language pathologist preparation is a strategy to expand “grow your own” type programs within Arizona State University. The program would be geared toward incentivizing students to choose a pediatric tract as well as remain in Arizona to practice.

Strategy Activities and Characteristics

- Students receive a scholarship to cover tuition costs (resident) for two years of study leading to completion of a master’s level program.
- Students who choose to accept the scholarship must commit to two years of service working with the birth to three populations in Arizona for every year of tuition paid. For partial tuition paid (e.g. non-resident tuition), student must commit to one full year of service in Arizona with birth to three populations.
- In addition to the statewide scholarship, regional strategies may offer financial incentives to encourage graduates to work directly in their communities (this strategy is outlined more fully in the Regional Strategy Toolkit).
- The program would provide additional coursework specific to infants and toddlers to enhance knowledge and understanding around working with children in non-clinical environments; working from a family strengths perspective, and working specifically with children with autism.
- Practicum experiences include working with infants and toddlers to gain specific expertise and knowledge for working with early intervention participants.

Expected Impacts and Change

- Expansion of the Arizona workforce by 30 therapists with specialized training and knowledge of working with young children and the early intervention system.
- Improved access to timely and adequate services for children in need of additional speech and language supports.
- Increased numbers of therapists who then can act as mentors and leaders for further growth in the early intervention system.

Funds Requested to Support Strategy

- \$400,000 annually for 3 years

3. Financial Incentives for Occupational and Physical Therapists

Arizona has no public university professional preparation program in occupational therapy. Additionally, Northern Arizona University which offers preparation in physical therapy is at capacity with 48 admissions per year. Providing financial incentive opportunities gives recent graduates and experienced therapists alike the motivation to work in Arizona communities.

Strategy Activities and Characteristics

- Financial incentives are provided over the course of a three year period with a balloon payment upon completion of the third year (e.g. \$5,000 year 1; \$5,000 year 2; \$10,000 year 3).
- Receiver commits to a three year service obligation in designated areas deemed medically underserved or otherwise signified.
- A consideration would include whether community was listed as an Arizona Medically Underserved area as designated by DHS.
- The strategy does not preclude regions from providing similar grants, though the statewide incentives would be focused on those communities identified as having no therapy services within the county (currently six counties).

Expected Impacts and Change

- Expansion of the Arizona workforce by 15 therapists working with young children.
- Improved access to timely and adequate services for children in need of additional speech and language supports.
- Increased numbers of service providers working in underserved communities.

Funds Requested to Support Strategy

- \$100,000 annually for three years

Total Budget for Intervening Early Strategies

Proposed Strategy	FY 09	FY 10	FY 11
Physician Outreach and Education	\$250,000	\$250,000	\$250,000
Scholarships for Speech Language Pathologist Preparation	\$400,000	\$400,000	\$400,000
Financial Incentives for Therapists	\$100,000	\$100,000	\$100,000
TOTAL	\$750,000	\$750,000	\$750,000

Additional Activities Supporting Intervening Early

Leveraging Internal Resources

FTF is also developing comprehensive education, information and resource portals to support families and professionals alike who have expressed a desire for a single entry point to information. These portals will build on information contained in the Parent Kit and further enhance the strategies listed above. A detailed proposal on these portals is found in Attachment #5.

Coordination with Partner Agencies and Stakeholders

The challenges of filling the gaps in the system of health prevention and intervention are not new. Agencies, stakeholders, providers, and families have worked together to research best practices and create systemic improvements. FTF supports these efforts and will continue to collaborate with stakeholders and partners to further develop these additional activities. Examples of some of the work concurrently taking place with the strategies proposed in this paper include:

- AzEIP has begun redesigning delivery methods to better align with what research indicates produces the best outcomes for children in early intervention. By providing services using this team-based model, improved child and family outcomes are expected.
- AzEIP and partner agencies are working on a Recruitment and Retention Plan to address workforce shortages.
- AHCCCS has strengthened language in health plan contracts to provide for more effective and efficient therapeutic services to children identified with a medically necessary need. New language also provides for stronger enforcement abilities and improved communications across agencies and disciplines.
- DHS, through a contract with the Arizona Chapter of the American Academy of Pediatrics Association, provides training to physicians on the use of the PEDS screening tool.
- The governor has issued an Executive Order to address the workforce shortages within the health care industry. The order specifies providers who work with children and adults with special health care needs.

FTF fully supports these efforts and is working in close collaboration with each of the agencies to continue to develop statewide strategies to fully address key challenges within the identification, intervention and family support systems.

Sources

Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities. (2007). *Monitoring developmental disabilities*. www.cdc.gov/ncbddd/dd/ddsurv.htm

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